

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2015
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SEAGRAVES FAMILY HOME

**1052 IRONGATE
APEX, NC 27502**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on October 23, 2015 from 9:35 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 1, 1971 as a Family Care Home. This facility is currently licensed for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) which indicates that the bed count was increased to six some time after April 1, 1984. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Family Care Homes Minimum Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled.</p> <p>This Rule is not met as evidenced by: Observations during the survey showed that the</p>	C 147		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER SEAGRAVES FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1052 IRONGATE APEX, NC 27502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 147	Continued From page 1 hardware on the front entrance door was not single hand motion. Have a qualified individual install single hand motion hardware on the front door. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 147		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations during the survey showed that the facilities well water was tested by the County Public Health Department and testing indicated a presence of Total Coliform in the water. The facility had a well contractor investigate and discovered that part of the well's mechanical system (chemical injection pump) had failed. Repairs were made on October 12, 2015. Contact the local Public Health Department to re-test the water. Provided copies of the testing results to DHSR. NOTE: The facility has been using bottled water for drinking and cooking.	C 174		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER SEAGRAVES FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1052 IRONGATE APEX, NC 27502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 183	Continued From page 2 family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: Observations during the survey showed that the paint on the exterior window sill of the garage was peeling badly. Have a qualified individual remove all the loose paint and repaint the area. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 183		
W 190	AC-90 Hot Water Relief Discharge 10 NCAC 27G .0301. COMPLIANCE WITH BUILDING CODES (b) Each facility operating under a current license issued by DHSR upon the effective date of this Rule shall be in Compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated. The discharge from the relief valve shall be piped full-size separately to the crawlspace, 6 inches above the floor, outside of the building, or to another approved terminal as provided for safety pan drain terminals but in no case shall the discharge from the relief valve be trapped When a safety pan is required, the discharge from the relief valves is to be discharged in to a safety pan. It shall be piped full-size of the valve outlet pipe size to a point not more than 2 inches and not less than 1 inch above the pan flood level rim. The pan shall be drained by an indirect waste pipe.	W 190		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER SEAGRAVES FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1052 IRONGATE APEX, NC 27502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 190	Continued From page 3 Relief valve discharging piping shall be of those materials that are approved for such use. This Rule is not met as evidenced by: Observations during the survey showed that the hot water temperature/pressure relief valve was not piped. Have a qualified individual install a discharge pipe from the valve to within 6 inches of the floor. DHHS accepts Copper, CPVC or other materials approved by the Building Code. Provide the DHHS Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	W 190		